

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
10/069 974

FILING DATE

APPLICANT(S)

5/19/04 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1			1				51			1
2			1				52			1
3			1				53			1
4			1				54			1
5			1				55			1
6			1				56			1
7			1				57			1
8			1				58			1
9			1				59			1
10			1				60			1
11			1				61			1
12			1				62			1
13			1				63			1
14			1				64			1
15			1				65			1
16			1				66			1
17			1				67			1
18			1				68			1
19			1				69			1
20			1				70			1
21			1				71			1
22			1				72			1
23			1				73			1
24			1				74			1
25			1				75			1
26			1				76			1
27			1				77			1
28			1				78			1
29			1				79			1
30			1				80			1
31			1				81			1
32			1				82			1
33			1				83			1
34			1				84			1
35			1				85			1
36			1				86			1
37			1				87			1
38			1				88			1
39			1				89			1
40			1				90			1
41			1				91			1
42			1				92			1
43			1				93			1
44			1				94			1
45			1				95			1
46			1				96			1
47			1				97			1
48			1				98			1
49			1				99			1
50			1				100			1
TOTAL IND.			6				TOTAL IND.			
TOTAL DEP.			37		29		TOTAL DEP.			
TOTAL CLAIMS			43		44		TOTAL CLAIMS			

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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